1923

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01919

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Fairmuont X
LENGTH OF STAY (in this place) 80 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Frank (Last) Catlin Sr.

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Aug. 23, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sewell Catlin

14. MOTHER'S MAIDEN NAME: Estelle Townsand

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mrs Viola Meredith Upper Fairmount, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Myocardial Failure — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Generalized Arterial Sclerosis — 3 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1954 to 2/12, 1954, that I last saw the deceased alive on 2/11, 1954, and that death occurred at 2/12/54, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. Mitchell MD ADDRESS Princess Anne DATE SIGNED 2/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-14-1954 NAME OF CEMETERY OR CREMATORY St. Andrew Cemetary LOCATION (City, town, or county) Princess Anne (State)

DATE RECD BY LOCAL REGISTRAR 2/15/54 REGISTRAR'S SIGNATURE R. E. Johnson, M.D.

24. FUNERAL DIRECTOR Lewis R Wilson ADDRESS Princess ANNE, Maryland

VS. A15

RECEIVED
FEB 16 1954
BUREAU V. S.

1924 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01920

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:
COUNTY SOMERSET MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE, MD, X
LENGTH OF STAY (in this place) 3 MONTH
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY SOMERSET
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE MD X
STREET ADDRESS (If rural give location) RT 2.

3. NAME OF DECEASED: (Type or Print) (First) GARY (Middle) FRANCIS (Last) CORBIN

4. DATE OF DEATH: (Month) 2/ (Day) 23 (Year) 1954

5. SEX: male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: II/19/1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 3 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): oakville md. somerset co.
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: SYLVESTEY CORBIN
14. MOTHER'S MAIDEN NAME: BESSIE KING

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: BESSIE CORBIN PRINCESS ANNE MD RT I.
BESSIE CORBIN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lobar Pneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22nd, 1954, to Feb 23, 1954, that I last saw the deceased alive on Feb 22, 1954, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman — ADDRESS Princ Anne, Md — DATE SIGNED 2.23.54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 2/24/54
NAME OF CEMETERY OR CREMATORY stmark
LOCATION (City, town, or county) (State) oakville md

DATE REC'D BY LOCAL REGISTRAR 2/23/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. JT
24. FUNERAL DIRECTOR William H. James Jr. Princess Anne md — ADDRESS

20X3213396

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1954
BUREAU V. S.

Film#G161 Item# 8 2/18/54 emf

1918

01921

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 39
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Crisfield~~ Marion X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Garfield (Middle) — (Last) Cottingham

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

DATE OF BIRTH: 2/9/1887

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months 7 | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Pocomoke

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ned Cottingham

14. MOTHER'S MAIDEN NAME: Sarah Cottingham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-16-4310

17. INFORMANT & ADDRESS: Gertrude Maddox Marion Sta. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1817

Immediate cause (a) acute Dil of Heart — Interval Between Onset And Death: 9 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Metastisis to liver and peritoneum due to Carcinoma of Bladder — one year

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Feb 1, 1954, to Feb 9, 1954, that I last saw the deceased alive on Feb 9 1954, and that death occurred at 11:00 AM, from the causes and on the date stated above.

SIGNATURE George L Brittain (Degree or title) M.D. — ADDRESS Marion Sta. Md — DATE SIGNED 2-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — **DATE THEREOF** 2-11-54 — **NAME OF CEMETERY OR CREMATORY** Mt. Peer - Branch Cemetery — **LOCATION** (City, town, or county) (State) Marion Som. Md

DATE REC'D BY LOCAL REGISTRAR 2-9-54 — **REGISTRAR'S SIGNATURE** Nellie D. Payne

24. FUNERAL DIRECTOR George W. Leighman — **ADDRESS** Marion, Md.

RECEIVED
FEB 15 1954
BUREAU V. S.

1925

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01922

CERTIFICATE OF DEATH

Reg. Dist. No. 760

1. PLACE OF DEATH:
COUNTY Somerset. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne | LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Aretha (Middle) (Last) Hackett

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Oct 15 1915 | 9. AGE last birthday: 38 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur Benton | 14. MOTHER'S MAIDEN NAME: Malinda Meister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Charles Hackett Princess Anne Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0027
Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 6 years
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1954, to Feb 18, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 4:30A, from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Eldon L. Marksmann | Princess Anne Md | 2-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2/20/54 | NAME OF CEMETERY OR CREMATORY St Andrews Cemetery | LOCATION (City, town, or county) Princess Anne (State) Md

DATE RECD BY LOCAL REGISTRAR 2/18/54 | REGISTRAR'S SIGNATURE R. S. Johnson, M.D. | 24. FUNERAL DIRECTOR James T. Truman | ADDRESS Princess Anne Md

JT

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
FEB 19 1954
BUREAU V. S.

1919

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01923

CERTIFICATE OF DEATH

Reg. Dist. No. 2-6-5

1. PLACE OF DEATH:
County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all lifetime
Hospital, institution, or street address where death occurred: McCready Memorial Hospital
How long in hospital or institution? about 4 or 5 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infant, give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 21 Main Street
(If rural, give LOCATION)
2.(a) If veteran, name war World War No Two

3.(a) FULL NAME Prentiss W. Evans

3.(b) Social Security Number 215-20-2416

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Elma Evans
Crisfield, Md 6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) August 2nd 1910

8. AGE: Years 43 Months 6 Days 21 If less than one day ..... hrs. ..... min.

9. Birthplace Crisfield, Somerset Co. Md
(Town, county, and state)
10. Usual occupation Lawyer
11. Industry or business Attorney at Law.
12. Name of father Johnson Evans
13. Birthplace Smiths Island, Md
14. Maiden name of mother Lillie Ward
15. Birthplace Crisfield Md
16. Informant Mrs Elma Evans
Address 21 Main St Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 26, 1954 (month) (day) (year)
Cemetery or crematory Pumm Ridge
Location Crisfield, Md.
18. Funeral director Howard L Carrington
Address Crisfield, Maryland
19. 2/26/54 19 ..... Betty W. Tyler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1954 at 9:10 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19 ..... to ..... 19 .....
and that I last saw ..... alive on ..... 19 .....
Immediate cause of death Automobile Accident
DURATION
Due to Crushed Chest & Back
Due to Fractured Ribs
Due to Internal injuries
Hemorrhage & Shock
Other conditions Lacerations over Body & face & Contusions
(Include pregnancy within 3 months of death)
Major findings of operations 825X
William H. Coulbourn, M.D.
Date of operation
Autopsy results None
DEPUTY MEDICAL EXAMINER
PHYSICIAN: Please underline the cause from which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide? Accident Date of injury Feb 23/54
Where did injury occur? Rehobeth Somerset Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Pocomoke State Road
How injury occurred Automobile Accident Driver of car While on Professional Business
Was injury while deceased was at work? No
23. SIGNATURE William H. Coulbourn M.D.
M. D., or other
Address Crisfield, Md Date signed 2/24/54

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 1 1954
BUREAU V. S.

1926

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Allice (Middle) Mary (Last) Jarrell

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 1954

5. SEX: Fem

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Mar 1-1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 11 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Marion Somerset co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry James Marshell

14. MOTHER'S MAIDEN NAME: Mary Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Joseph Jarrell Marion Somerset Co Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
170X Immediate cause	(a) Coma - Acute Dil. of heart	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma of liver - Metastis from Carcinoma of breast	about 7 yrs
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1954, to Feb 17, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 6:00 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E Coulbourn M D ADDRESS Marion Sta. Md DATE SIGNED 2-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb 21-54 NAME OF CEMETERY OR CREMATORY Asbury Cemetary LOCATION (City, town, or county) (State) Marion Somerset Co Md

DATE REC'D BY LOCAL REGISTRAR 2-18-54 REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Charles H Ward ADDRESS Marion Sta. Md

FEB
BUREAU V. S.

1927

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

095

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

LENGTH OF STAY (in this place): lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — Somerset COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
EMMA	TULL	MILES	February	12	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
female	white	widowed	March 17, 1881	72 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	near Marion, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert J. Tull	Mary Adkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	--	----	William Tull--Rural Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.0 (a) Coronary Thrombosis — Interval Between Onset And Death: 5 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension Arteriosclerotic Heart Disease — 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation — 5 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

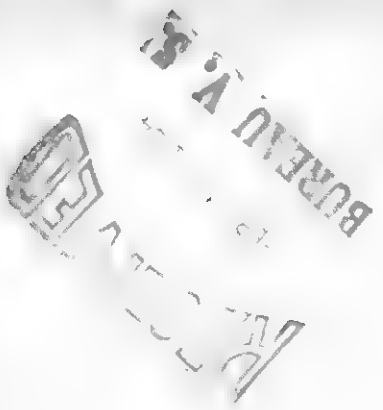
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?
m.			

22. I hereby certify that I attended the deceased from Oct 4, 1953, to Feb 12, 1954, that I last saw the deceased alive on 2-5, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. N. Bane	M.D.	Crisfield, Md.	2-13-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1954	St. Paul's Cemetery	Marion, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/13/54	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield, Md.


BUREAU

1928

1

M

I

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne
LENGTH OF STAY (In this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 3 Princess Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne
STREET ADDRESS (If rural, give location) Route 3 Princess Anne

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Lekaffer.

4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 1954

5. SEX: Male.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced.

8. DATE OF BIRTH: Aug 5 1894

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William White Princess Anne.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute Coronary Occlusion — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Fell dead While working in
(c) his kitchen house about 3:45 P.m.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R.H. Johnson M.D. Assistant Legal Medical Examiner — ADDRESS: Princess Anne Md. — DATE SIGNED: March 1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 2, 1954 — NAME OF CEMETERY OR CREMATORY: Hillside Cemetery - — LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG. 3/1/54 — REGISTRAR'S SIGNATURE: R.H. Johnson, M.D. — 24. FUNERAL DIRECTOR - ADDRESS: James Newman Princess Anne, Md.

BURNED V. S.

1920

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and correctly. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
MARYLAND LENGTH OF STAY (in this place): 48 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 40 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) C. Sterling (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 28, 1906

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months 0 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Ford

14. MOTHER'S MAIDEN NAME: Eva Parks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-16-9617

17. INFORMANT & ADDRESS: Thomas Sterling, Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X
Immediate cause (a) Cardiac Decompensation — Interval Between Onset And Death: 15 mo.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic Rheumatic Heart Disease — Unknown
DUE TO

260X
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 8 years
Nephrosis — 1 year

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Feb 27, 1954, that I last saw the deceased alive on Feb 27, 1954, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE: A. M. Barn, (Degree or title) M.D. ADDRESS: Crisfield Maryland DATE SIGNED: 2/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 1, 1954
NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland
DATE REC'D BY LOCAL REGISTRAR: 3/1/54
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR: Durward W. Covington, Crisfield, Md. ADDRESS

VS. A15

RECEIVED
MAR 4 19
BUREAU V. S.

1921

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sackertown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield,
STREET ADDRESS (If rural give location) Sackertown Rd.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) ELLEN (Last) TAYLOR

4. DATE OF DEATH: (Month) February (Day) 28, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Oct. 26, 1913

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machine operator

10b. KIND OF BUSINESS OR INDUSTRY: Garment Industry

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Pruitt

14. MOTHER'S MAIDEN NAME: Blanche Mason

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: 214-34-7261

17. INFORMANT & ADDRESS: Mrs. Peggy Walker--Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 9 x 1 x Gun Shot wounds in Back & Mastoid Region - Fractured Skull

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(a) DUE TO Shock & Hemorrhage

(b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? yes

21. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) 2/28-1954

PLACE OF INJURY (Home, ~~farm, factory, street, office bldg.~~ etc.) Home (CITY OR TOWN) R F D Crisfield (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 2. 28. 54 1030 a.m.

INJURY OCCURED ~~While at Work~~ Not While ~~At Work~~ yes

HOW DID INJURY OCCUR? Husband Supected of Shooting

22. I hereby certify that I attended the deceased from ..., 19 , to , 19 , that I last saw the deceased alive on ..., and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE was called (Degree or title) Wm H Coulbourn MD ADDRESS Crisfield Md DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Mar. 2, 1954

NAME OF CEMETERY OR CREMATORY Stockton Methodist Cemetery

LOCATION (City, town, or county) Stockton-Worcester-Md. (State)

DATE REC'D BY LOCAL REGISTRAR 3/2/54

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors--Crisfield, Md. ADDRESS

BUREAU V. S.

1529

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 262

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL, OR TOWN and give nearest town) Rural #1 Pocomoke
LENGTH OF STAY (in this place) 4 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural #1 Pocomoke
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First: Wallace (Middle): V. (Last): Taylor

4. DATE OF DEATH (Month) February (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 13 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired lumber dealer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver H. Taylor

14. MOTHER'S MAIDEN NAME: Alice English

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-32-9643

17. INFORMANT & ADDRESS: Mrs Jennie H. Taylor Rural Pocomoke, Md

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause	(a)	Acute Coronary Occlusion	10 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteria-sclerotic Cardio-Vas Disease	4 yrs
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 19 to 2/19 19 54, that I last saw the deceased alive on 2/18 19 54 and that death occurred at 9 30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis H. Llewellyn M.D. ADDRESS Pocomoke City DATE SIGNED 2/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb 21 1954 NAME OF CEMETERY OR CREMATORY Downing M.E. Cemetery LOCATION (City, town, or county) Oak Hall (State) Va.

DATE REC'D BY LOCAL REGISTRAR Feb 21 1954 REGISTRAR'S SIGNATURE Mrs Orville Bozman

24. FUNERAL DIRECTOR Sidney H. Watson ADDRESS Pocomoke Md

RECEIVED
MAR 8 1954
BUREAU V. S.

1922

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01930

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield 31 | LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke X
STREET ADDRESS (If rural give location): RFD #1

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) E. (Last) TILGHMAN

4. DATE OF DEATH: (Month) (Day) (Year) February 7, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 5, 1877

9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Dryden

14. MOTHER'S MAIDEN NAME: Mollie Milbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | (If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: William D. Tilghman, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Obstruction, acute Dil. of heart — Interval Between Onset And Death: 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Peritoneal carcinoma — about 2 or 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals, 1949, to Feb 7, 1954, that I last saw the deceased alive on Feb 7, 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Mary E. Tilghman M.D. — ADDRESS: Marion Sta. Md. — DATE SIGNED: 2-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/9/54 | NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery | LOCATION (City, town, or county) (State): Rehoboth, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-9-54 | REGISTRAR'S SIGNATURE: Nellie D. Payne

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1954
BUREAU V. S.

1930

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01931

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Rt. 3

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Maria Waters

4. DATE OF DEATH: (Month) (Day) (Year) Feb 4 1954

5. SEX: female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-15-1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retard

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Somerset County Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ishna James

14. MOTHER'S MAIDEN NAME: India Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Gertrude Barkley Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30th, 1954, to Feb 4, 1954, that I last saw the deceased alive on Jan 30th, 1954, and that death occurred at 12:01 p.m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (DEGREE OR TITLE) ADDRESS Princess Anne Md. DATE SIGNED 2.6.54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-7-54

NAME OF CEMETERY OR CREMATORY John Wesley

LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REG. 2/6/54

REGISTRAR'S SIGNATURE R. H. Johnson, M.D. JT

24. FUNERAL DIRECTOR William H. James Jr ADDRESS Princess Anne Md

RECEIVED
FEB 10 1954
BUREAU V. S.